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MAY 05 2005

<b>To:</b>	Examiner Robert Spitzer	<b>From:</b>	Christopher J. Cronin
<b>Fax:</b>	703-872-9306	<b>Date:</b>	May 5, 2005
<b>Phone:</b>	571-272-1167	<b>Pages:</b>	9 (inc. cover page)
<b>Re:</b>	U.S. Patent Application Serial Number 10/601,135	<b>Seri #:</b>	Serie 5843

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

•Comments:

## **OFFICIAL COMMUNICATION**

Dear Sir,

Please enter the enclosed Amendment After Final Rejection of May 5, 2005 for U.S. Patent Application Serial Number 10/601,135. If you have any questions, I may be reached at the above telephone number.

Best regards,

Christopher J. Cronin  
Reg. No. 46,513

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PTO/ISS/17 (12-04)

Approved for use through 07/31/2008. OMB 0551-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## Complete if Known

Application Number	10/601,135
Filing Date	June 20, 2003
First Named Inventor	Christian MONEREAU
Examiner Name	Robert H. Spitzer
Art Unit	1724
Attorney Docket No.	Serie 5843

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 01-1375 Deposit Account Name: American Air Liquide, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

For Reexamination	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**For Claims** - 20 = X x 50 = 0 Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**For Independent Claims** - 3 = X x 200 = 0 Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 = Extra Sheets / 50 = 2 (round up to a whole number) x 250 = 500 Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

## SIGNATURE

Signature

Registration No.  
(Attorney/Agent)

46,513

Telephone (708) 579-7925

Name (Print/Type)

Christopher J. Cronin

Date May 5 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/03 (12-04)

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or DocId Number <b>10/601,135 (Serie 5843)</b>		
Substitute for Form PTO-975							
<b>6/20/03 APPLICATION AS FILED - PART I</b>							
(Column 1)		(Column 2)		SMALL ENTITY		OR	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)			
BASIC FEE (37 CFR 1.18(a), (b), or (c))	N/A	N/A	N/A	N/A			
SEARCH FEE (37 CFR 1.18(d), (e), or (f))	N/A	N/A	N/A	N/A			
EXAMINATION FEE (37 CFR 1.18(g), (h), or (i))	N/A	N/A	N/A	N/A			
TOTAL CLAIMS (37 CFR 1.18(j))	28 minus 20 =	8	x	=	OR	x \$18 = 144	
INDEPENDENT CLAIMS (37 CFR 1.18(k))	3 minus 3 =	0	x	=	OR	x \$84 = 0	
APPLICATION SIZE FEE (37 CFR 1.18(l))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$230 (\$126 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.18(e).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))			N/A	N/A			
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	TOTAL	<b>\$894</b>		
<b>1/22/05 APPLICATION AS AMENDED - PART II</b>							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.180)	26 Minus	28 =	0	x	=	OR
	Independent (37 CFR 1.180)	3 Minus	3 =	0	x	=	OR
	Application Size Fee (37 CFR 1.18(l))			N/A	N/A		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180)			N/A	N/A		
TOTAL ADD'L FEE			TOTAL	TOTAL	<b>\$0</b>		
<b>5/05/05 *****</b>							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.180)	Minus	28 =	0	x	=	OR
	Independent (37 CFR 1.180)	Minus	3 =	0	x	=	OR
	Application Size Fee (37 CFR 1.18(l))			N/A	N/A		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180)			N/A	N/A		
TOTAL ADD'L FEE			TOTAL	TOTAL	<b>0 \$</b>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAY 05 2005

Application No.: 10/601,135  
Applicant: Christian MONEREAU  
Filed: June 20, 2003  
Title: Method for controlling a unit for the treatment by pressure  
swing adsorption of at least one feed gas  
TC/A.U.: 1724  
Examiner: Robert H. Spitzer  
Docket No.: Serie 5843  
Customer No.: 000040582

## AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of March 9, 2005, please amend the application  
as follows:

**Amendments to the Claims** are reflected in the listings of claims, which begin on  
page 2 of this paper.

**Remarks** begin on page 6 of this paper.